

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....	.....	.....	.....	.....	.....	.....
0299998 Premium due and unpaid not individually listed	31,173	.....	.....	.....	.....	31,173
0299999 Total group	31,173	.....	.....	.....	.....	31,173
0399999 Premiums due and unpaid from Medicare entities	(916)	.....	.....	.....	.....	(916)
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid(Page 2, Line 10) ...	30,257	.....	.....	.....	.....	30,257

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
	N O N E					
0599999 Health care receivables .....	.....	.....	.....	.....	.....	.....

EXHIBIT 5 - CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	..... 341,327	.....	.....	.....	.....	..... 341,327
0499999 Subtotals .....	..... 341,327	.....	.....	.....	.....	..... 341,327
0599999 Unreported claims and other claim reserves .....						..... 1,176,333
0699999 Total Amounts Withheld .....						.....
0799999 Total Claims Payable .....						..... 1,517,660
0899999 Accrued Medical Incentive Pool .....						.....

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Paramount Health Care	990,726					990,726	
LHA	178,684					178,684	
0199999 Total - Individually listed receivables	1,169,410					1,169,410	
0299999 Receivables not inidividually listed							
0399999 Total gross amounts receivable	1,169,410					1,169,410	

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
Paramount Health Care .....	.....	47,779	47,779	.....
.....
0199999 Total - Individually listed payables	X X X	47,779	47,779	.....
0299999 Payables not individually listed	X X X .....	.....	.....	.....
0399999 Total gross payables	X X X	47,779	47,779	.....

EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	118,931	1.224	36,352	100.000	48,762	70,169
2.	Intermediaries						
3.	All other providers						
4.	Total capitation payments	118,931	1.224	36,352	100.000	48,762	70,169
Other Payments:							
5.	Fee-for-service			X X X	X X X		
6.	Contractual fee payments	9,600,079	98.776	X X X	X X X	3,636,057	5,964,022
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	Total other payments	9,600,079	98.776	X X X	X X X	3,636,057	5,964,022
13.	Total (Line 4 plus Line 12)	9,719,010	100.000	X X X	X X X	3,684,819	6,034,191

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		NONE			
9999999 Totals			X X X	X X X	X X X

EXHIBIT 9 - FURNITURE AND EQUIPMENT OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets Used for the Delivery of Health Care
1.	Administrative furniture and equipment	35,525	.....	(21,816)	.....	13,709	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	Total	35,525	.....	(21,816)	.....	13,709	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code 1212

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 95566

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,282		1,439	843			X X X			
2. First Quarter	2,906		2,025	881			X X X			
3. Second Quarter	3,096		2,218	878			X X X			
4. Third Quarter	3,169		2,256	913			X X X			
5. Current Year	3,241		2,295	946			X X X			
6. Current Year Member Months	36,352		25,643	10,709			X X X			
Total Member Ambulatory Encounters for Year:										
7. Physician	41,906		15,457	26,449			X X X			
8. Non-Physician	19,950		1,380	18,570			X X X			
9. Total	61,856		16,837	45,019			X X X			
10. Hospital Patient Days Incurred	1,500		299	1,201			X X X			
11. Number of Inpatient Admissions	338		101	237			X X X			
12. Premiums Collected	10,067,673		4,296,939	5,770,734						
13. Premiums Earned	9,974,668		4,204,850	5,769,818						
14. Amount Paid for Provision of Health Care Services	9,719,009		3,506,907	6,212,102						
15. Amount of Incurred for Provision of Health Care Services	10,346,374		3,782,586	6,563,788						

34 Grand Total



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code 1212

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Company Code 95566

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,282		1,439	843			X X X			
2. First Quarter	2,906		2,025	881			X X X			
3. Second Quarter	3,096		2,218	878			X X X			
4. Third Quarter	3,169		2,256	913			X X X			
5. Current Year	3,241		2,295	946			X X X			
6. Current Year Member Months	36,352		25,643	10,709			X X X			
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9. Total	61,856		16,837	45,019			X X X			
10. Hospital Patient Days Incurred	1,500		299	1,201			X X X			
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14. Amount Paid for Provision of Health Care Services	9,719,009		3,506,907	6,212,102						
15. Amount of Incurred for Provision of Health Care Services	10,346,374		3,782,586	6,563,788						

35	Schedule A - Verification.....	NONE
35	Schedule B - Verification.....	NONE
35	Schedule BA - Verification.....	NONE
36	Schedule D - Summary by Country.....	NONE
36	Schedule D - Verification.....	NONE
37	Schedule D Part 1A Sn 1 - #1.....	NONE
38	Schedule D Part 1A Sn 1 - #2.....	NONE
39	Schedule D Part 1A Sn 1 - #3.....	NONE
40	Schedule D Part 1A Sn 2 - #1.....	NONE
41	Schedule D Part 1A Sn 2 - #2.....	NONE
42	Schedule D Part 1A Sn 2 - #3.....	NONE
43	Schedule DA Part 2.....	NONE
44	Schedule DB Part A Verification.....	NONE
44	Schedule DB Part B Verification.....	NONE
45	Schedule DB Part C Verification.....	NONE
45	Schedule DB Part D Verification.....	NONE
45	Schedule DB Part E Verification.....	NONE
46	Schedule DB Part F Sn 1 - Sum Replicated Assets.....	NONE
47	Schedule DB Part F Sn 2 - Recon Replicated Assets.....	NONE
48	Schedule S - Part 1 - Section 2.....	NONE
49	Schedule S - Part 2.....	NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Affiliates												
90611	41-1366075 ...	01/01/2001	Allianz Life Insurance Co. of North America	Minnesota	SSL/A .....	.....43,657	.....	.....	.....	.....	.....	.....
0199999 Total - Affiliates .....						.....43,657	.....	.....	.....	.....	.....	.....
0399999 Totals .....						.....43,657	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				NONE									
1199999 Totals .....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2001	2 2000	3 1999	4 1998	5 1997
A. OPERATIONS ITEMS					
1. Premiums	22	12	15	2	
2. Title XVIII-Medicare	22	20			
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL medical and hospital expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 9)	1,372,123		1,372,123
2. Amounts recoverable from reinsurers (Line 12)			
3. Accident and health premiums due and unpaid (Line 10)	30,257		30,257
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	1,169,410		1,169,410
6. Total assets (Line 23)	2,571,790		2,571,790
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	1,517,660		1,517,660
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 6)	108,323		108,323
10. Reinsurance in unauthorized companies (Line 14)			
11. All other liabilities (Balance)	81,194		81,194
12. Total liabilities (Line 18)	1,707,178		1,707,178
13. Total capital and surplus (Line 26)	864,612	X X X	864,612
14. Total liabilities, capital and surplus (Line 27)	2,571,790		2,571,790
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses			
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables			
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance			

SCHEDULE Y (continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	341623220	Paramount Preferred Options Inc. ....	.....	.....	.....	411,489	.....	.....	.....	.....	411,489	.....
.....	344428256	The Toledo Hospital .....	.....	.....	.....	(11,462,747)	.....	.....	.....	.....	(11,462,747)	.....
.....	341773766	Paramount Benefits Agency .....	.....	.....	.....	22	.....	.....	.....	.....	22	.....
.....	341773766	Promedica Health Systems .....	.....	.....	(5,900,000)	(1,000,000)	.....	.....	.....	.....	(6,900,000)	.....
95189	341549926	Paramount Health Care .....	.....	.....	4,900,000	11,752,732	.....	.....	.....	.....	16,652,732	.....
95566	383200310	Paramount Care of Michigan .....	.....	.....	1,000,000	298,308	.....	.....	.....	.....	1,298,308	.....
.....	341623220	Paramount Preferred Network .....	.....	.....	.....	197	.....	.....	.....	.....	197	.....
9999999 Totals .....	.....	.....	.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

- 1.1 Does your company write Medicare Supplement Insurance?

Yes[] No[X]
- 1.2 Will the Medicare Supplement Insurance Experience Exhibit be filed by March 1?

Yes[] No[X]
- 1.3 If first response is yes and second response is no, please explain:
If second response is no and the form is "None," affix bar code (Document Identifier 360) here:
- 2.1 The Supplemental Compensation Exhibit is a required filing, with the domiciliary Department, for all companies. Will the Supplemental Compensation Exhibit be filed with the domiciliary Department by March 1?

Yes[X] No[]
- 2.2 If answer is no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 460) here:
- 3.1 An actuarial certification is a required filing for all companies. Will an actuarial certification be filed by March 1?

Yes[X] No[]
- 3.2 If answer is no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 440) here:
- 4.1 The officers and directors information is a required filing for all companies. Will the officers and directors information be filed with the NAIC by March 1?

Yes[X] No[]
- 4.2 If answer is no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 380) here:
- 5.1 Will the Risk-based Capital Report be filed with the NAIC by March 1?

Yes[X] No[]
- 5.2 If no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 390) here:
- 5.3 Will the Risk-based Capital Report be filed with the domiciliary department, if required by March 1?

Yes[X] No[]
- 5.4 If no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 390) here:
- 6.1 The SVO Compliance Certification is a required filing for all companies. Will the SVO Compliance Certification be filed by March 1?

Yes[X] No[]
- 6.2 If no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 470) here:
- 7.1 Management's Discussion and Analysis is a required filing. Will Management's Discussion and Analysis be filed by April 1?

Yes[X] No[]
- 7.2 If answer is no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 350) here:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

- 8.1 Does your company write Long-term Care Insurance?

Yes[] No[X]
- 8.2 Will the Long-term Care Experience Reporting Forms be filed by April 1?

Yes[] No[X]
- 8.3 If first response is yes and second response is no, please explain:
If second response is no and the form is "None," affix bar code (Document Identifier 340) here:
- 9.1 The Investment Risks Interrogatories is a required filing. Will this be filed by April 1?

Yes[X] No[]
- 9.2 If no, please explain:
Paramount Care of Michigan doesn't have any investment Risks
If response is no and the form is "None," affix bar code (Document Identifier 285) here:
- 10.1 An audited financial report is a required filing for all companies. Will an audited financial report be filed by June 1 with the domiciliary?

Yes[X] No[]
- 10.2 If answer is no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 220) here:

OVERFLOW PAGE FOR WRITE-INS

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	1 Claim Adjustment Expenses	2 General Administrative Expenses	3 Investment Expenses	4 Total
2504. Lunch Room Supplies	152	.....	152
2505. Physician Education	305	.....	305
2506. Trav & Education	548	.....	548
2507. Minor Equipment	829	.....	829
2508. Equipment Repair and Maintenance	1,185	.....	1,185
2509. Staff Seminar & Conference	1,412	.....	1,412
2510. Meals	2,017	.....	2,017
2511. Professional Fees	2,360	.....	2,360
2512. Property Tax Expense	3,225	.....	3,225
2513. Misc. General Admin	9,405	.....	9,405
2514. Contributions	15,842	.....	15,842
2515. Books and Periodicals	385	.....	385
2597. Summary of overflow write-ins for Line 25	37,665	.....	37,665

INDEX TO HEALTH
ANNUAL STATEMENT

Accident and Health Premiums Due and Unpaid (Exhibit 3)	18	Y – Part 1 Information Concerning Activities of Insurer Members of a Holding Company Group	54
Aggregate Reserve for Accident and Health Contracts (Underwriting and Investment Exhibit – PT 2D)	13	Y - Part 2 Summary of Insurer’s Transactions With Any Affiliates	55
Amounts Due from Parent, Subsidiaries and Affiliates (Exhibit 6)	21	Short-Term Investments (SCH DA)	E15
Amounts Due to Parent, Subsidiaries and Affiliates (Exhibit 7)	22	Special Deposits (SCH E, PT 2)	E25
Analysis of Claims Unpaid Prior Year – Net of Reinsurance (Underwriting and Investment Exhibit – PT 2B)	11	State Page – Exhibit of Premiums, Enrollment and Utilization (Separate Page for Each State)	34
Analysis of Expenses (Underwriting and Investment Exhibit – PT 3)	14	Statement of Revenue and Expenses	04
Analysis of Nonadmitted Assets and Related Items (EX 1)	16	Summary Investment Schedule	26
Analysis of Operations by Lines of Business	07	Summary of Replicated (Synthetic) Assets Open (SCH DB, PT F)	46
Assets (Admitted)	02	Summary of Transactions with Providers (Exhibit 8 – Pt 1)	23
Bonds and Stocks (SCH D)	E08	Summary of Transactions with Intermediaries (Exhibit 8 – Pt 2)	23
Capital Gains and (Losses) on Investments (Underwriting and Investment Exhibit – PT 4A)	15	Supplemental Compensation Exhibit	911
Cash (SCH E – PT 1)	E24	Supplemental Exhibits and Schedules Interrogatories (on filing status of)	57
Cash Flow	06	Supplemental Investment Risks Interrogatories	285
Claims Incurred – Net of Reinsurance (Underwriting and Investment Exhibit – PT 2)	09	Title Page and Jurat	01
Claims Liability End of Current Year (Underwriting and Investment Exhibit – PT 2A)	10	Underwriting and Investment Exhibits: PT 1 – Premiums	08
Claims Payable (Reported and Unreported) (Exhibit 5)	20	PT 2 – Claims Incurred During Year	09
Collar, Swap and Forward Agreements (SCH DB – PT C)	E19	PT 2A – Claims Liability End of Current Year	10
Counterparty Exposure for Derivative Instruments Open (SCH DB, PT E)	E22	PT 2B – Analysis of Claims Unpaid – Prior Year – Net of Reinsurance	11
Development of Incurred Claims (Underwriting and Investment Exhibit – PT 2C)	12	PT 2C – Development of Incurred Claims	12
Enrollment by Product Type (Exhibit 2)	17	PT 2D – Aggregate Reserve for Accident and Health Contracts	13
Exhibit of Premiums, Enrollment and Utilization (State Page)	34	PT 3 – Analysis of Expenses	14
Exhibits: 1 – Analysis of Nonadmitted Assets and Related Items	16	PT4 – Interest, Dividends and Real Estate Income	15
2 – Enrollment by Product Type	17	PT 4A – Capital Gains and (Losses) on Investments	15
3 – Accident and Health Premiums Due and Unpaid	18	Verifications: Schedule A Verification Between Years	35
4 – Health Care Receivables	19	Schedule B Verification Between Years	35
5 – Claims Payable (Reported and Unreported)	20	Schedule BA Verification Between Years	35
6 – Amounts Due From Parent, Subsidiaries and Affiliates	21	Schedule D Verification Between Years	36
7 – Amounts Due to Parent, Subsidiaries and Affiliates	22	Schedule DA – Pt 2 Verification of Short-Term Investments Between Years	43
8 – Pt 1 – Summary of Transactions With Providers	23	Schedule DB – Pt A Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options OWNED	44
8 – Pt 2 – Summary of Transactions With Intermediaries	23	Schedule DB – Pt B Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options WRITTEN	44
9 – Furniture and Equipment Owned	24	Schedule DB – Pt C Verification Between Years of Aggregate Write-in Book Value on Swaps and Forwards	45
Five-Year Historical Data	32	Schedule DB – Pt D Verification Between Years of Aggregate Write-in Book Value on Futures Contracts and Insurance Futures Contracts	45
Furniture and Equipment Owned (Exhibit 9)	24	Schedule DB – Pt E Verification of Statement Value and Fair Value of Open Contracts	45
Futures Contracts (SCH DB, PT D)	E20		
General Interrogatories	27		
Health Care Receivables (Exhibit 4)	19		
Information Concerning Activities of Insurer Members of a Holding Company Group (SCH Y)	54		
Interest, Dividends and Real Estate Income (Underwriting and Investment Exhibit – PT 4)	15		
Liabilities, Reserves and Other Funds	03		
Long-Term Care Experience Reporting Form – A, Nationwide Experience Claim Experience by Calendar Duration	310		
Long-Term Care Experience Reporting Form – B, Nationwide Experience Cumulative Claim Experience	320		
Long-Term Care Experience Reporting Form – C, Cumulative Claim Experience by State	330		
Long-Term Invested Assets (SCH BA)	E06		
Medicare Supplement Insurance Experience Exhibit (Separate Page for Each State by Policy Form)	360		
Mortgage Loans (SCH B)	E04		
Notes to Financial Statements	25		
Options. Caps and Floors (SCH DB., PT A)	E16		
Options, Caps and Floors Written (SCH DB, PT B)	E17		
Organizational Chart (SCH Y, PT 1)	54		
Overflow Page for Write-Ins	59		
Premiums and Other Considerations(SCH T)	56		
Real Estate (SCH A)	E01		
Reconciliation of Replicated (Synthetic) Assets Open (SCH DB, PT F)	46		
Reinsurance (SCH S)	48		
Schedules: A - Real Estate	E01		
B - Mortgage Loans	E04		
BA – Other Long-Term Invested Assets	E06		
D - Bonds and Stocks	E08		
DA – Short-Term Investments	E15		
DB – Pt A – Options, Caps and Floors and Insurance Futures Options ...	E16		
DB – Pt C – Collars, Swaps and Forwards	E19		
DB – Pt D – Futures Contracts and Insurance Futures Contracts	E20		
DB – Pt E – Counterparty Exposure for Derivative Instruments	E22		
DB – Pt F – Replicated (Synthetic Asset) Transactions	46		
E - Part 1 – Cash	E24		
- Part 2 – Special Deposits	E25		
S - Reinsurance	48		
T - Premiums (Allocated by States and Territories)	56		